General Information	
Agency Name:	
Authorized Contact Person:	
Address:	
Phone Number:	
Web Address:	
Email address:	
Alternate Authorized Contact Person:	
Phone Number:	
Email Address:	

Applicant is a:	EIN: _____ ____ Not-for-Profit/Registered to do Business in Virginia ____ Government Agency ____ Other (Please describe) _____ _____

Program/Project Name:	
City Priority being met by Requested Program:	
Total Project Cost:	
Amount Requested from HSG Program:	

Agency Overview

1. **Organization Description:** Briefly state the mission statement of the applicant organization and describe the history and its activities. Such description must establish that the applicant has at least three years prior experience in directly providing the services being requested. Also attach a copy of the prior fiscal year operating budget for the applicant agency.

Project/Program Information

2. **Program Description:** Describe the problem to be addressed or the critical need to be met by your project including recent and relevant statistics. Clearly indicate how HSG funding will be used and how the program provides direct services to at-risk populations of children, families, elderly, disabled citizens and those experiencing homelessness in the City of Norfolk. State if the service to be provided is an evidence based model or best practice.

3. **Measurable objectives for the services:** Describe how the performance of the proposed strategy will be monitored and measured. See instructions for details to this question.

4. **Service Plan:** Please describe how, if awarded, this grant will enhance or increase services provided by your organization.

5. **Collaboration:** Please describe partnerships with other agencies or city departments as it relates to the services proposed. Attach any MOU's, grants, or agreements that support your partnership (this will not count towards your six (6) page limit for your application). For homeless services applicants attach documentation (MOU's, agreements, etc.) demonstrating participation with any/all housing subsidy programs your program intends to support.

6. **Status of Prior Year Initiatives:** Describe the activities and outcomes of your current HSG funded project by explaining how project activities and accomplishments have addressed the problem/critical need and how the program will continue to do so if refunded**.** Use data to support your response. If you were not funded in 2016 enter N/A.

7. **Target Area and Population of the Proposed Services:** Identify the proposed target area in geographic terms. If appropriate for programmatic purposes, the boundaries of the target area such as civic league, police precinct, neighborhood, school catchment zone. Include social, economic and demographic characteristics of the population to be served.

8. **Projected number of Norfolk Residents to be served in FY 2017:**

Budget & Financial Information

Project Budget: Complete the budget in full, detailing the proposed cost for each expense line (rounded to the nearest dollar). Include amounts for each type of expense to be charged, the amount requested from HSG, other sources of funding, any in-kind match dollars (not required). Provide the total for each expense type and program total.

In a separate attachment, provide a brief narrative justification for each requested budget item demonstrating how the requested items are essential to supporting the program requirements described in the Program Description section above.

Refer to the FY2017 Human Services Grant (HSG) Program Application Instructions for the **unallowable** expenses.

Expense Type Description	HSG Requested Funds	Other Funding Support	In-Kind Match	Total Program Cost
TOTAL				

Itemize the Other Funding Support identified above to support the proposed program and/or services. Amounts must match Other Funding Support Column in chart above.

Funding Source	Amount Requested	Amount Approved
Totals		

Describe how the applicant intends to maintain the operation of the proposed program beyond the one-year funding period. Is there a plan for sustainability beyond the grant period?

Business Organization and Credentials - please attach the following:

1. Synopsis of your business qualifications to include, but not limited to, the business plan, service design philosophy, client support infrastructure.

2. Audited annual corporate financial statement for the three most recent fiscal years or other financial reference which demonstrates the organization's financial capacity.

3. Prior year Federal Income Tax Returns (Form 990, Form 990-EZ, or Form 990-PF).

Final Application Checklist

All applications must include:

☐ Completed General Information page

☐ Answers to Program Specific Questions 1 through 8 (when applicable) – **limited to six pages** - **single spaced with 12-point text font and one inch margins**

☐ Budget (not included in the six pages)
- Complete line item and other funding support details
- Brief justification describing the need for each line item as it relates to the proposal

☐ Required attachments for all applicants (not included in the six pages)
- Business organization credentials - see page 7 of the application
- Prior fiscal year budget of the applicant agency
- IRS designation of 501 status

☐ Additional attachments as needed:
- MOU's or collaboration agreements
- Documentation of participation with housing subsidy programs

☐ Save application and attachments as a Word or PDF document. All applications **must be received** no later than **5:00 p.m. on August 8, 2016**. Late applications will <u>not</u> be accepted. **Submit email to:**

<div align="center">

Norfolk Department of Human Services
Lada Bardoun, Business Manager

lada.bardoun@norfolk.gov

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